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CONFIRMATION NO. 5669

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/789,439	02/26/2004 RULE	623	3738	44928.000022

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**** CONTINUING DATA ******* *AS*
 This appln claims benefit of 60/450,411 02/26/2003

**** FOREIGN APPLICATIONS ******* *AS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/18/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 22	TOTAL CLAIMS 148	INDEPENDENT CLAIMS 9
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Verified and Acknowledged *AS*
 Examiner's Signature Initials

ADDRESS
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TITLE
 Method and system for repairing endosseous implants, such as with a bone graft implant

FILING FEE RECEIVED 3720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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